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Resilience: Have We Not Gone Far Enough?

A Response to Larry Davis

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In the March 2014 issue of *Social Work Research* Dr. Larry E. Davis asked, “Have We Gone Too Far with Resiliency?” Resilience, as he described it, “can be thought of as the ability to withstand bad things happening to you without the expected devastating outcomes” (p. 5). He explained that “advocates of resiliency typically attempt, through internal changes of the individual or the strengthening of some environmental support, to allow the person to withstand some negative force and manage to “beat the odds” of negative outcomes” (p. 5). In the editorial, he does not advocate for the full abandonment of efforts to enhance resiliency. He does, however, suggest that focusing on interventions that enhance resilience “[take] our eyes off of the big picture, which is to reduce suffering by promoting greater social justice and societal equity” (p. 5). Davis and I fundamentally agree on the need to focus our efforts on the big picture of reducing suffering by promoting greater social justice and societal equity. We disagree, however, on the approach. Specifically, we disagree on whether the concept of resilience should be resisted or leveraged for the sake of this goal. Davis asked, “Have we gone too far with resiliency?” My response is, “No, we clearly have not gone far enough.”

To reduce suffering and promote greater social justice, we need to acknowledge and accelerate the discovery of the ways in which individuals, families, and communities innately maintain their well-being in the context of adversity. While children face the problematic task of navigating an unjust world, social workers must not just illuminate the minefields, but need the knowledge base and know-how to also illuminate the tools, strategies, and safe havens that can ease the journey. We need to understand and leverage these resources and refuges for the benefit of all children, and particularly for the most vulnerable. While we engage in earnest in the long fight for societal change, we cannot fail this generation of children by inadequately

understanding, providing, and nurturing the individual and environmental characteristics that lead to their resilience. Retreating in our efforts to enhance resilience would amount to withholding strategies that we already know help children succeed in the context of struggle.

To reduce suffering and promote greater social justice, we need to broaden the nature of our calls for societal change. We need to go beyond our typical calls to redistribute social control measures to those who actually pose the greatest threat, and to redistribute intervention services to those with the greatest need. We must simultaneously advocate for a societal investment in structural arrangements that prevent undesirable outcomes from occurring in the first place. Resilience-enhancing strategies illustrate the potential of a prevention-oriented social services system that strives to simultaneously (a) reduce adversities experienced and (b) disrupt the causal relationship between adversity and undesirable developmental outcomes. The potential outcome of resilience-enhancing strategies is a world in which problems that society seeks to treat or control never emerge; they are prevented. Although a focus on resilience has the potential to shift our attention from maintaining our systems of social control and social service to making an authentic social change, we have not yet gone far enough to realize that potential.

In communicating his reservations about resilience, Davis used the vivid imagery of a group of children being lined up and each hit on the head with a baseball bat. He described the scientific study of the resilient children, who did not have the expected outcome (“a large knot on the head or a fractured skull”), as a parallel to our attempt to understand what protects some children from experiencing the full impacts of various societal attacks on child development. Yet, Davis does not mention that we already know how to protect children’s heads in his scenario. While most social workers busy themselves putting ice on children’s wounds, and while activists engage in the long, important process of dismantling systems that create monsters

who use bats as weapons against children, researchers have discovered something akin to a baseball helmet: protective factors that prevent typical children from experiencing debilitating injuries that result from accidents, misfortunes, and acts of malevolence.

Protective helmets have been a mandatory feature of Little League games since the early 1950s (Little League, 2014). Wearing protective safety gear, in high-risk contexts, is an effective strategy to mitigate the impact of an object to a child's head. *Protective factors*, typically defined as individual or environmental characteristics that produce better-than-expected outcomes in the context of adversity, change the cause and effect relationship between adversity and outcome for many social problems. If enhancing protective factors is not part of our strategy for supporting youth development, we allow their presence or absence to be a part of the chain of events that lead to disparate outcomes. Some children will be protected from the full impact of adversity, while other children will suffer the full impact. Retreating on the study of how to design the best helmets, make them accessible to all youths, or facilitate their use through changing policy and practice norms would not be a way to promote justice. In fact, it may perpetuate inequities by reserving knowledge, resources, and opportunities for only the privileged few.

Davis's argument could lead one to frame the wearing of protective helmets as an unfair burden on the victim. To the extent that this is true, it reflects a narrow view of resilience. A narrow view fails to consider resilience as anything more than the intrinsic temperament of a child that allows the child to cope well with dangerous, threatening, or oppressive conditions. This application of resilience needs broadening. Research on resilience has increased our understanding of the characteristics of social environments that threaten and facilitate child development. Rather than viewing resilience as a fixed trait and a personal responsibility, resilience should be broadly understood as an array of malleable features reflecting and requiring

social responsibility. If we focus exclusively on personal responsibility for enhancing resilience, rather than collectively fighting against adversities and promoting locally determined and culturally relevant approaches to well-being, we have not yet taken resilience far enough.

Our efforts to realize the potential of resilience should include dismantling the myth that resilience is exceptional. There continues to be a widespread misunderstanding that protective factors are capacities of “exceptional” children, which leads to the unfortunate misrepresentation that promoting protective factors is akin to imposing moralistic expectations on typical children to behave in unnatural ways. However, one of the most fundamental and surprising findings of resilience research has been the discovery of just how ordinary it is (Masten, 2014). Many children naturally have protective factors; intrinsic and learned capacities to overcome the adversities they face. Many families and communities also have intrinsic and learned capacities to promote well-being and protect their children from harm. To suggest that the term “resilience” should be reserved for situations in which it is most readily visible, fiercely stable, or immediately available strikes me as a significant injustice. Whenever possible, we must uncover, recognize, and nurture the strengths endemic to children and their environments.

Similarly, the assertion that resilience is “imposed” on poor people and individuals of color runs the risk of alleging that poor people and individuals of color have less intrinsic capacity to thrive in the context of adversity than others do, contributing to narratives that pathologize marginalized communities. Contemporary epidemiological data, and centuries of experience, have not supported this claim. However, we know that neither adversities nor the social capital or material resources that can facilitate coping with adversities are evenly distributed in our society. Resilience-enhancing strategies seek to simultaneously reduce experiences of adversity and augment resources for overcoming adversities. To the extent that

adversities are prevalent, resources are scarce, and patterns of both reflect race and class injustices, we have not gone far enough with resilience.

Resilience could be an opportunity for social workers to reorient their work upstream to the structural determinants of social problems. Preventing problems of child development, by altering individual and environmental risk and protective factors, is an attractive alternative to managing the downstream consequences of social problems that result from insufficient capacities to cope with overwhelming adversity. Resilience *could* be a means to reducing suffering by promoting greater social justice and societal equity, but it requires us to acknowledge that prevention really is possible, and making resilience-enhancing strategies readily available. The last 30 years of prevention research has discovered specific risk and protective factors for many mental, emotional, and behavioral problems experienced by children and youths at the individual, family, and community levels (O'Connell, Boat, & Warner, 2009). Scientific inquiry has revealed a variety of policies and practices implemented in real-world settings that have been successful in changing levels of individual, family, and community risk and protective factors. Longitudinal studies have demonstrated that changes in risk and protective factors can lead to changes in the long-term incidence and prevalence of negative developmental outcomes. Furthermore, economic analyses have shown that these prevention strategies cost less money than the strategies we use to control and treat problems once they emerge. Yet many policymakers, practitioners, and engaged citizens do not seem to know that prevention is possible. To realize the potential of resilience, we must convince our colleagues and our communities that resilience is not exceptional, that prevention is possible, and that resilience-enhancing strategies should be accessible to all children.

In considering our approach to making resilience-enhancing strategies more readily available to all children, we might take a few more lessons from the analogy of the protective baseball helmet. The practice of wearing protective helmets began as a “home-grown” strategy of athletes looking to protect themselves from wild pitches. The use of helmets in Little League became required in the early 1950s, but it was not until an outstanding number of player deaths occurred in 1968 that a commission was organized to conduct research and create standards for helmet effectiveness (National Operating Committee on Standards for Athletic Equipment [NOCSAE], 2011). Just 10 years later, all high school and college athletes playing football, lacrosse, and baseball had to wear helmets on lists certified by NOCSAE. The Little League not only constructed policies to enforce the use of approved helmets, but also supported policy implementation. This was done by regularly retelling stories of child fatalities to reiterate the need for helmets; integrating fundraising for reasonably priced equipment into local efforts; providing training to parents, coaches, and umpires on how to check for the sustained quality of equipment; asserting that helmet effectiveness is dependent on fit to the child and a lack of alterations; and shaping norms for use by strictly forbidding the publication of any photographs of players without protective gear. Data suggest that by expanding on homegrown strategies for protection through research and the adoption of standards for effectiveness, providing implementation support for preventive measures, and changing the rules of the games to expose children to less risk, head injury fatalities fell by 78 percent among high school athletes. However, these advances were not flawless. They generally occurred before the league was deliberately expanded to include girls (1974), children with disabilities (1989), or urban youths (1999). The typical batting helmet, for example, may still be uncomfortable or ineffective when set on top of a ponytail. NOCSAE has faced criticism that their standards and certification

processes have stifled innovations and responsiveness to changing contexts (Borden, 2012). Specifically, critics have argued that recent advances in understanding concussions have not been met with improved strategies for protecting children. In this context, users complain that they do not know how to make informed decisions about helmet selection.

To have similar success with resilience-enhancing strategies, but address legitimate criticisms, we cannot compromise rigorous quality standards or broad participation and a responsive orientation to changing contexts. We need to look to communities to understand their needs and strategies for protection. We need to leverage resources for the study of these practices to demonstrate or improve their efficacy. We have already developed standards for testing programs and policies, resulting in lists of effective prevention practices (Flay et al., 2005). These lists of evidence-based prevention strategies are sometimes used to guide the selection of prevention services. To ensure that these lists serve communities, we need to understand what promotes the well-being of different children in various contexts. We know that one-size helmets will of course not fit all-size children. We need to continue to expand our lists of evidence-based prevention strategies to reflect overlooked and emergent needs. To do so, we should conduct etiological research on risk and protective factors in understudied populations and develop and test preventive interventions for use in understudied contexts. For resilience to reach its potential, we need to develop and test bolder, multifaceted, and community-level strategies for inclusion on these lists of evidence-based practices. We also need to learn from practitioners who systematically adapt preventive interventions for novel contexts, carefully monitor outcomes, and broadly share the results with those who stand to benefit.

In addition to improving the scope of these lists, we need to help decision makers use these lists well, in ways that honor the ideals of both science and self-determination (Shapiro,

Oesterle, Abbott, Arthur, & Hawkins, 2013). We need to advance models of community practice that feature community leaders, residents, and professionals making participatory decisions about prevention policies and services in their local contexts, consistent with their local norms and values. It would be highly undesirable to have a schoolyard of children each overheating under a clunky helmet just in case a monster with a baseball bat shows up. We need to better understand what specific prevention strategies are most useful in particular contexts, are deemed acceptable by stakeholders, and are practical to implement and sustain in real-world contexts. Communities need reliable and valid assessment tools to understand local assets and local problems to guide their selection of effective prevention practices and to determine if selected strategies are effective under their specific implementation conditions.

Finally, we need to improve the delivery of resilience-enhancing strategies to overcome the barriers posed by existing infrastructures that require children to be in duress before we intentionally support their development. We need to ensure that communities can and do decide to deliver resilience-enhancing strategies before disaster strikes, when their absence is particularly noticeable and devastating. We need to mobilize local coalitions of community leaders, residents, and professionals who can serve as local conduits between prevention science and prevention practice to uphold our ideals for effective and participatory strategies. To achieve implementation success of selected programs, we need to reduce barriers and support fidelity to essential aspects of the practice. To do so, we should harness new technologies for delivering training and technical assistance and creating communities of practice. We need to facilitate the use of resilience-enhancing strategies by changing policy and practice norms, making more effective prevention strategies as commonplace as Little League helmets.

Davis used the depiction of a monster with a baseball bat to illustrate the very real risks that young people face. I have added a protective helmet to his depiction to illustrate the very real power of prevention. Resilience does not have to be a Pollyannaish panacea; it could genuinely help us understand experiences of adversity and resistance. Although we continue to need social workers to care for our wounded children, prevention practice creates space for other social workers: those who work tirelessly to dismantle systems that create monsters with baseball bats and those who work tirelessly to build formidable systems to cultivate protective factors. All three legs of this stool are important. Working together, we need to reclaim the concept of resilience from anyone who seeks to help children and families adjust to their oppressors, and carefully leverage the concept of resilience to reduce suffering by promoting greater social justice and societal equity . . . but, to this end, we have not yet gone far enough.

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